

DECLARATION AND POWER OF ATTORNEY - ORIGINAL APPLICATION

Attorney's Docket No.
005092.00028

My residence, post office address and citizenship are as stated below next to my name;

I verily believe I am the original, first and sole inventor (if only one name is listed below at 201) or an original, first and joint inventor (if plural inventors are named below at 201-205) of the subject matter which is claimed and for which a patent is sought on the invention entitled **Microfluidic Device with Multiple Microcoil NMR Detectors** the specification of which is attached hereto.

I have reviewed and understand the contents of the above-identified specification, including the claims. I acknowledge my duty to disclose information of which I am aware which is material to the examination of this application in accordance with Section 1.56(a), Title 37 of the Code of Federal Regulations; and as to applications for patents or inventors certificate on the invention filed in any country foreign to the United States of America, prior to this application by me or my legal representatives or assigns,

☐ no such applications have been filed, or

☒ such applications have been filed as follows:

Country	Application No.	Date of Filing (day,month,yr)	Date of Issue	Priority Claimed Under 35 USC 119			
USA	60/250,874	01/01/00		Yes	<input checked="" type="checkbox"/>	NO	

Power of Attorney

I hereby appoint, the practitioners associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, and direct that all correspondence be addressed to that Customer Number:

All correspondence and telephone communications should be addressed to:

Customer Number: 22910
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201	FULL NAME OF INVENTOR	Family Name Peck	First Given Name Tim	Second Given Name L.
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	POST OFFICE ADDRESS	Post Office Address 404 Northshore Drive	City Mahomet	State, Zip Code, Country Illinois, 61853, USA
202	FULL NAME OF INVENTOR	Family Name Olson	First Given Name Dean	Second Given Name
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	POST OFFICE ADDRESS	Post Office Address 1804 Augusta Drive	City Champaign	State, Zip Code, Country Illinois, 61821, USA
203	FULL NAME OF INVENTOR	Family Name Norcross	First Given Name Jim	Second Given Name
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	POST OFFICE ADDRESS	Post Office Address 1813 Winchester Drive	City Champaign	State, Zip Code, Country Illinois, 61821, USA
204	FULL NAME OF INVENTOR	Family Name Strand	First Given Name David	Second Given Name

	RESIDENCE & CITIZENSHIP	City Sherborn	Country of Citizenship USA	
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205	FULL NAME OF INVENTOR	Family Name Sweedler	First Given Name Jonathan	Second Given Name
	RESIDENCE & CITIZENSHIP	City Urbana	Country of Citizenship USA	
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.	
SIGNATURE OF INVENTOR 201	DATE
SIGNATURE OF INVENTOR 202	DATE
SIGNATURE OF INVENTOR 203	DATE
SIGNATURE OF INVENTOR 204	DATE
SIGNATURE OF INVENTOR 205	DATE

***Declaration and Power of Attorney - Original Application
(005092.00028)***